### POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Practitioners associated with the Customer Number:    24737	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used).  Name  Registration Number  Name  Registration Number  Name  Registration Number  Number  Name  Registration Number  Number  Number  Registration Number  Number  Number  Registration Number  Numbe								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	Practitioners associated with the Customer Number:		24737					
Assignee Name and Address:  City  Country  Telephone  Assignee Name and Address:  Philips Digital Mammography Sweden AB  Smidesvagen 5  171 41 SOL NA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The undividual whose signature and this is supplied beloy is authorized to act on behalf of the assignee.  Signature  ALLE SOL FALSE  Name  Registration  Number  Number  Registration  Number  Number  Registration  Number  Name  Registration  Number  Name  Registration  Number  Number  Registration  Number  Number  Registration  Number  Number  Registration  Registrat	OR							
as attomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTC) in connection with any and all patent applications assigned but to the undersigned according to the USPTO assignment accords or assignment documents attached to mis form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to.  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  State  Zip  Country  Telephone  Email  Assignee Name and Address:  Phillips Digital Mammography Sweden AB  Smidesvagen 5  171 41 SQLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form it the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied beloy is authorized to act on behalf of the assignee.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied beloy is authorized to act on behalf of the assignee.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied beloy is authorized to act on behalf of the assignee.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied beloy is authorized to act on behalf of the assignee.	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used).							
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  24737  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  ANN MARIS FORSHOW Telephone 14 & & 623 5200		Name				Name		
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  24737  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  ANN MARIS FORSHOW Telephone 14 & & 623 5200	-		***************************************				***************************************	
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  24737  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  ANN MARIS FORSHOW Telephone 14 & & 623 5200	<b> </b>	***************************************			***************************************	***************************************		
any and all patent applications assigned gnly to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City  Country  Telephone  Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which his Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  ARE IS FORSERS Date No EMBER, 7 2012  Name  SESPER SOREMAN TELEPHORE TABLES FORSERS Telephone 19 & 8 623 5200	 	······································			200000000000000000000000000000000000000		***************************************	
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  24737  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  ANN MARIS FORSHOW Telephone 14 & & 623 5200	H		·····		XAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	***************************************		
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  24737  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  ANN MARIS FORSHOW Telephone 14 & & 623 5200	as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with							
The address associated with Customer Number:  OR  Firm or Individual Name Address  City  Country  Telephone  Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  Signature  Signature  Authorized to act on behalf of the assignee  Signature  Date Movember 7, 2012  Name  Signature  Authorized to act on behalf of the assignee  Date Movember 7, 2012	any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents							
Firm or Individual Name Address  City Country Telephone Email  Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  Signature  Date Nov EMBS 2, 7 2012 Name  Signature  Date Nov EMBS 2, 7 2012 Name  Signature Title Blood Signature and title is supplied below is authorized to act on behalf of the assignee.	Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to							
Firm or Individual Name Address  City Country Telephone Email  Assignee Name and Address: Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied beloy is authorized to act on behalf of the assignee.  Signature  Signature  Date Nov EMBER, 7 2012 Name  Signature  ARE MALIS FORSION Telephone *16.8.623.5200	24707							
City State Zip  Country  Telephone Email  Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature Assignee of Record  The individual whose signature and title is supplied beloy is authorized to act on behalf of the assignee.  Signature Assignee of Record  The individual whose signature and title is supplied beloy is authorized to act on behalf of the assignee.  Signature Assignee Foester Telephone **16 8 623 5 2 0 0	The address associated with Costomer Number:							
Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  Signature  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.	Firm or							
Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  Signature  Date Hovemore 1968 623 5200  Name  SESSEA Sovemore  Telephone 1968 623 5200								
Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  Signature  Date Hove Mose, 7, 2012  Name  SESSEA SOURILEST ARROLDED TELEPHONE 196 & 23 5 200	City	City		State		פולי	7in	
Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  Signature  Date Hov EMBER, 7, 2012  Name  SESSIGN SOURNESS ANN MALIS FORSBOR Telephone +1/16 8 623 5 2000	·		Ointe		Σ.1μ			
Assignee Name and Address:  Philips Digital Mammography Sweden AB Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignce.  Signature  Signature  Signature  AMP MALIS FORSER, Telephone **16 8 623 5200								
Philips Digital Mammography Sweden AB  Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  Signat	Telephone			Email				
Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignce  Signature  Signature  Date Hov FMSS, 7 2012  Name  SESSUL SODERIONS  ANN-MARIS COSSER Telephone +46 8 623 5200	Assignee Name and Address:							
Smidesvagen 5 171 41 SOLNA  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignce.  Signature  Signature  Signature  AMP-MARIE CORSEGN Telephone **16 8 623 5200	Philips Digital Mammography Sweden AB							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignce  Signature  Signatur	Smidesvagen 5							
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignce  Signature  Sign	TAT AT SOUNA							
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignce  Signature  Sign	A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be							
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignce  Signature  Sign	filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of							
The individual whose signature and title is supplied below is authorized to act on behalf of the assignce  Signature September 12012  Name Sesses Sopenbors Ann-Marie Corsess Telephone +4686235200								
Signature // Syes Stury 127 All Jan Farag Date Hov 54868, 7 2012  Name DESSER SODERLOVIST ANN-MARIE FORSER Telephone +4686235200		The ind				behalf of the assignee	***************************************	
Name JESSER SODERLOVIST ANN-MARIE FORSBERG TELEPHONE +4686235200	Signature	<b>T</b>	Marine Ma	·····	осилиййний видей и и и и и и и и и и и и и и и и и и и		7 2012	
	Name			Ann-W				
	Title	Cieres						

This collection of information is required by 37 CF\$ 1.31/1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

### Privacy Act Statement

The **Privacy Act of 1974 (P.L. 93-579)** requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

- The information on this form will be treated confidentially to the extent allowed under the
  Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C 552a). Records from
  this system of records may be disclosed to the Department of Justice to determine whether
  disclosure of these records is required by the Freedom of Information Act.
- A record from this system of records may be disclosed, as a routine use, in the course of
  presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to
  opposing counsel in the course of settlement negotiations.
- A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record
- 4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).
- A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.
- A record in this system of records may be disclosed, as a routine use, to another federal
  agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to
  the Atomic Energy Act (42 U.S.C. 218(c)).
- 7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (i.e., GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.
- 8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspection or an issued patent.
- A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

QQ

**(,,)** 

### CENTIFICATE 0 REGISTRATION

Registration number (J) 56570-7022

Date 0 Ht registration: 1999-05-31

Company name: philips Digital Mammography Sweden

AB

Address

Smidesvägen 5 171 41 SOLNA

Registered office:

Stockholm



The company ı. n registered (V) Q) private limited liability company

THE COMPANY 1999-04-27 STAR CHESCH

SHARE CAPITAL

Share capital.. N K K K 182 Ø į, ٠ų

**Number** 0 shares: 107,616

SEK 102,000 SEK 408,000 102,000 408,000

Mox.

CHAIR OF THE BOARD Filip Gustaf B,

BOARD MEMBER, MANAGING DIRECTOR, 660306-0135 Söderqvist, Jesper 182 34 DANDERYD Ä Genvägen سا ٹیئ

BOARD MEMBERS 581202-3967 FG 601105-9539 Ti Forsberg, Berit . Tranter, Graham, 115 24 STOCKHOLM Ann-Marie, Mossky Wittstocksgatan Mosskroken igatan 11 L ಭರಿಗ , y m , w ್ ಸ್ಟ್ರಾ 207 in O BROMMA

556043-4465 KPMG Represented 90526-55 in w w STOCKHOLM

PRINCIPALLY RESPONSIBLE AUDITOR 590526-5517 Gustafsson, Per

Gustafsson, Per 1 103 23 STOCKHOLM Gustaf Johan, Ü 0 なけれる AB, S S 16106 Bolagsverket, the Swedish Companies Registration Office, is affective since 1 July 2004 when the Swedish Patent and Registration Office (PRV), was divided into two separate authorities. As from this date Bolagsverket will be issuing certificates on new security paper.

Swedish Companies Registration Office SE-851 Stradevell Sweden

Registration number: 202100-5489

E-mail bolageverket@holageverket.se

Www.bolagsverket.se

N



CERTIFICATE OF REGISTRATION

Registration number: 56570-7022

Date 0 regist ration: 1999-05-31

Company name: Philips Digital Mammography Sweden

B

SIGNATORY POWER
In addition to t
any two jointly
the board
are entitled to board 0 Ωı irectors,

members

sign on #Temad 0 t II company.

Furthermore, the is also entitled v ubis or agign on behalf, ت ا ا his normal company. business activities

(A) |---

## Date of the latest ch

latest change: 2011-08-

## FINANCIAL YEAR

Registered financial year: 0101 Latest annual report submitted period 20110501-20111231 SLeadon ŧ 1231 financia

# DATE OF REGISTRATION OF CURRENT AND PREVIOUS COMPANY 2011-09-29 Philips Digital Mammography Sweden AB 2004-10-18 Sectra Mamea AB 2000-01-11 Mamea Imaging AB 1999-05-31 Lagrummet December or 586 Aktiebolag NAMES

SUNDSVALL Ex officio Officio 2012-10-31

Anna-Karin C: M t <u>بر.</u>



Bolagisverket, the Swedish Companies Registration Office, is effective since 1 July 2004 when the Swedish Patent and Registration Office (PRV), was divided into two separate authorities. As from the date Bolagisverket will be issuing certificates on new security paper.

Swedish Companies Registation Office SE-851 81 Sundsvall Sweden

Registration number 202100-5459

Web site: www.bollagaverbet.se

E-mail: bolagsverket@bolagsverket.se